

NOV 10 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City.....Registration District No. 781
Primary Registration District No. 10568File No. 34898
Registered No. 9076
St. Ward -

2. FULL NAME

(a) Residence, No. 5657 Cabanne 5
(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

married.

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

Wm. S. Dawley.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Dec 4. 1890

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

72

10

14

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

at home

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Delaware Ohio

FATHER

13. NAME

Ruben Havens.

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Delaware Ohio

MOTHER

15. MAIDEN NAME

Elizabeth Heath

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Pennsylvania

17. INFORMANT
(ADDRESS)Helen Louise Dawley
5657 Cabanne Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Valhalla Bur. DATE Oct 19 1933

19. UNDERTAKER
(ADDRESS)C. R. Lupton & Sons
4449 Olive St.

20. FILED

OCT 21 1933

J. J. Brebeck
Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Oct 18 1933

22. I HEREBY CERTIFY, That I attended deceased from

Aug 1931 to Oct 18 1933

I last saw him alive on Oct 17 1933. Death is said

to have occurred on the date stated above, at 2:00 PM

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia

107A

57A

97

Other contributory causes of importance:

Arteriosclerosis, General
Malnutrition, Arthritis, Chronic

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Q. Malone Shand M. D.

(Address) 607 N Grand St.

